



Fire Marshal

903.237.1119

903.291.5322 fax

FIRE MARSHAL'S OFFICE FIRE FLOW DATA REQUEST

DATE: _____ PERMIT NUMBER: _____

ADDRESS LOCATION: _____

CONTRACTOR/REQUESTING PARTY: _____

COMPANY NAME: _____

PHONE NUMBER: _____ FAX NUMBER: _____

DESCRIPTION OF WORK: _____

TOTAL SQUARE FOOTAGE UNDER ROOF: _____

JOB VALUATION: _____

SIGNATURE: _____

FAX THIS FORM TO:

Longview Fire Marshal's Office

100 E. Cotton St/P.O. Box 1952

Longview, TX 75601

Fax 903.234.8919 / Phone 903.237.1119

OPERATIONAL PERMIT FEE: \$75.00

FEE PAID: CHECK _____ CASH _____ CREDIT CARD _____

INITIALS: _____

DATE: _____



CITY OF
LONGVIEW
FIRE MARSHAL'S
OFFICE
FIRE FLOW
**DATA
REQUEST**

LONGVIEW FIRE DEPARTMENT

P.O. Box 1952 • Longview, Texas 75606-1952

fire.longviewtexas.gov